

## **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** July 2, 2003

**RE: MDR Tracking #:** M2-03-1028-01

**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant underwent L2 to S1 fusion on 1/18/01 for treatment of an alleged compensable work injury. The claimant now has chronic back pain. Radiographic documentation of solid arthrodesis is documented on 7/2/02 by the treating physician. MRI report of 11/29/01 indicates osseous bridging across L3/4, L4/5 and L5/S1. A repeat MRI report of 3/25/03 indicates no significant boney compromise of the canal or the foramen, no evidence of hardware failure, and no significant change in the fusion masses at the motion segment levels of L3/4, L4/5 and L5/S1.

### **Requested Service(s)**

Revision of fusion (22830, 22852, 22820, 37202, 63042)

### **Decision**

I agree with the insurance carrier that the requested surgical intervention is not medically necessary.

### **Rationale/Basis for Decision**

There is documentation of solid arthrodesis on plain films. There is no documentation of hardware failure. There is no documentation of progressive neurological condition indicating the medical necessity of exploration. There is documentation of no significant change in the fusion mass over time by MRI. There is documentation on MRI that there is no boney compromise of the canal or the foramen. Given these facts, the documentation does not support the medical necessity of revision of the fusion.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.